

CITY OF SOMERVILLE, MASSACHUSETTS  
DEPARTMENT of ENGINEERING  
JOSEPH A. CURTATONE  
MAYOR



*Director, Capital Projects & Planning*  
ROBERT T. KING

*Director of Engineering*  
RICHARD E. RAICHE

Mass DEP Northeast  
Attn: Mr. Joseph Nerden  
205B Lowell Street  
Willington, MA 01887

January 23, 2018

Re: Sanitary Sewer Overflow  
Veterans Memorial Skating Rink- Somerville

Dear Mr. Nerden,

The City of Somerville observed a Sanitary Sewer Overflow (SSO) on January 16, 2018 at the Veterans Memorial Skating Rink (aka Conway Rink). Mass DEP was contacted on January 17, 2018 to request guidance on the nature of the situation. The City of Somerville was looking for clarification on whether the SSO was a reportable event.

The cause of the SSO was determined to be from a frozen force main and not the result of an issue with the collection system. It is the City understanding that "backups of wastewater into a property which are not caused by conditions in the system owned and operated by the sewer system are not required to be reported." In this instance the force main is owned and operated by City, who owns and operates the collection system. It was unclear if the event required that a SSO form be completed.

On January 19, 2018 MassDEP acknowledged the uniqueness of the situation and recommend the City submit a SSO notification form. Enclosed, please find the SSO notification form, drawing of the system; pump station cut sheets, operation manual, maintenance manuals and description of the situation.





If you require additional information please contact me at [bmanter@somervillema.gov](mailto:bmanter@somervillema.gov) or at 617-625-6600 x 5400

Very truly yours,

Bryan Manter, P.E.  
Assistant Director of Engineering

Cc: EPA New England  
Somerville Board of Health

Enclosures

- (1) SSO Notification Form
- (1) Pump Station cut sheet, operation and maintenance manual
- (1) Description of the event
- (1) Drawing of the system





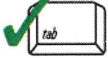
Massachusetts Department of Environmental Protection  
Bureau of Water Protection – Wastewater Management Program  
**Sanitary Sewer Overflow (SSO)/Bypass  
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

**A. Reporting Facility**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Information

City of Somerville

Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

Bryan

First Name

Manter

Last Name

617-625-6600 x 5400

Telephone No.

Assistant Director of Engineering

Title

bmanter@somervillema.gov

E-mail Address

**B. Phone Notifications:**

See DEP Regional Office telephone and fax numbers at the end of this form.

1. **MassDEP staff** contacted:

Dave + Joe

first name

? + Nerden

last name

Date/Time contacted:

1/17/2018 + 1/19/2018

Date

3:40+1:30

Time

☐ am

☒ pm

2. **EPA staff** contacted:

first name

last name

Date/Time EPA contacted:

Date

Time

☐ am

☐ pm

3. Board of Health contacted:

Michelle

Bowler

Last Name

Date/Time contacted:

1/22/2018

Date

10:15

Time

☒ am

☐ pm

4. Others notified (select all that apply);

☐ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☐ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☐ Watershed Association

☐ Beach Resource Manager ☐ Other:

(specify)

**C. SSO Information**

1. SSO Discovered:

1/16/2018

Date

2:00

Time

☐ am

☒ pm

By: City of Somerville

2. SSO Stopped:

1/16/2018

Date

3:00

Time

☐ am

☒ pm

3. SSO Discharge from:

☐ Sanitary Sewer Manhole

☒ Pump Station

☐ Backup into Property

☐ Other:

(specify)

4. SSO Discharge to: ☒ Ground Surface (no release to surface water)

☐ Direct to Receiving Water

(surface water)

☐ Catch basin to Receiving Water

(surface water)

☐ Backup into Property Basement



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**C. SSO Information (cont.)**

Location: 570 Somerville Ave, Somerville, MA 02143 (Conway Rink aka Veterans Memorial Skating Rink)

5. Estimated SSO Volume at time of this Report: 45 gallons

Method of Estimating Volume: guess

6. Cause of SSO Event:

☐ Rain Event      ☐ Pump Station Failure      ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☒ Sewer System Blockage:      ☐ Pipe Collapse      ☐ Root Intrusion      ☐ Grease Blockage

☒ Other: The force main from the pump station was frozen  
(Specify)

7. Corrective Actions Taken:

Pump station was pumped out on January 16, 2018. Force main was exposed on Wednesday January 17, 2018 and thawing process began. Thawing is conducted via steam injection into the force main. The force main is approximately 260 feet. Thawing via steam allows for 75 feet ice to be melted before steam loses its effectiveness, so multiple penetrations to the force main were required.

Impact Area cleaned and/or disinfected:      ☒ Yes      ☐ No

Corrective Actions Completed:      ☐ Yes      ☒ No

Force main was scheduled to be completely thawed on January 22, 2018. Testing of the system indicates there is still a obstruction in the force main. Please see attachement for further discription.

**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

☒ Attachment      ☐ Additional comments below:      ☐ No additional comments or attachments

Additional comments and planned actions:

Please see attachement



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**E. Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*Byron M. ...*

Signature of Authorized Representative

*January 23, 2018*

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

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**MassDEP Regional Office and EPA Telephone and Fax Numbers:**

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Fax: 617-918-0598
EPA for Northeast, Central and Western Regions Region, David Turin	Phone: 617-918-1747	Fax: 617-918-0747
DEP 24-hour emergency	Phone: 888-304-1133	

